

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/17/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445242	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  08/15/2017
NAME OF PROVIDER OR SUPPLIER  GREYSTONE HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 181 DUNLAP ROAD BLOUNTVILLE, TN 37617	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE

## K 000 INITIAL COMMENTS

K 000

A life safety survey was conducted by the state of Tennessee Department of Health, Division of health licensure and regulation office of health care facilities on 8/15/17. During this life safety survey, Greystone Health Care Center was not found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life safety from fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:

K 353 NFPA 101 Sprinkler System - Maintenance and  
SS=D Testing

K 353

9/15/17

Sprinkler System - Maintenance and Testing  
Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.

a) Date sprinkler system last checked

b) Who provided system test

c) Water system supply source

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.

9.7.5, 9.7.7, 9.7.8, and NFPA 25

This STANDARD is not met as evidenced by:

1.A hydraulic name plate for the East stairwell sprinkler will be evaluated and measured for and placed on the riser by 9/15/17.

2.The two sprinkler heads in the dish room were replaced on 8/24/17.

3.The two sprinkler heads in laundry were replaced on 8/24/17.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Jennifer Mays, MPH, LHA*

Administrator

8/31/2017

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 353	Continued From page 1 Based on observation and interview, the facility failed to maintain the automatic sprinkler system. This deficiency affected 2 of 12 smoke compartments.  NFPA 101, 19.7.6 NFPA 13, 24.5.1 NFPA 25, 5.2.1.1.2  The findings include:  Observation and interview with the maintenance director on 8/15/17 between 9:15 AM and 9:42 AM revealed:  1. There was not a hydraulic nameplate on the sprinkler system in the east stairwell. 2. Two of two sprinkler heads in the dish room in dietary were tarnished. 3. Two sprinklers in the laundry were tarnished, noted on quarterly sprinkler report.  The maintenance director was present when the deficiencies were identified and was acknowledged by the administrator during the exit conference on 8/15/17.	K 353	(continued)  The only other remaining sprinkler riser in the facility was inspected on 8/15/17 and a hydraulic name plate was present. An audit of all sprinkler heads was conducted on 8/31/17 and no other sprinkler heads were found to be tarnished. Quarterly inspections will also be completed by an approved outside vendor and comprehensive reports of inspections will be maintained. A monthly audit will be conducted by the Maintenance Director to check all sprinkler heads for potential tarnishment. This will be an ongoing audit with the goal of 100% compliance.  Results of the audits will be reported to the Quality Assurance Process Improvement Committee for revisions/recommendations. The Quality Assurance Process Improvement Committee consists of Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Therapy Manager, Maintenance Director, Activities Director, Certified Nursing Assistant, Housekeeping/Laundry Services Manager, Dietary Manager, Social Services Director and Business Office Manager.		
K 923 SS=D	NFPA 101 Gas Equipment - Cylinder and Container Storage  Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or	K 923			

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K 923	Continued From page 2 gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain outside oxygen storage.  NFPA 99, 11.3.4.2  The finding includes:  Observation and interview with the maintenance director on 8/15/17 at 9:35 AM revealed the outside oxygen storage enclosure was not provided with required signage.	K 923	9/15/17  The required signage for the outside oxygen enclosure with verbiage that includes "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." was custom ordered and placed on the enclosure by 9/15/17.  There are no other oxygen enclosures at the facility.  A monthly audit will be conducted by Maintenance to ensure the required signage on the outside oxygen enclosure is present. This will be an ongoing audit with the goal of 100% compliance.  Results of the audits will be reported to the Quality Assurance Process Improvement Committee for revisions/recommendations. The Quality Assurance Process Improvement Committee consists of Administrator, Director of Nursing, Medical Director, Assistant Director of Nursing, Therapy Manager, Maintenance Director, Activities Director, Certified Nursing Assistant, Housekeeping/Laundry Services Manager, Dietary Manager, Social Services Director and Business Office Manager.

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K 923 Continued From page 3

K 923

The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 8/15/17.